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27045 7590 02/22/2007

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Pan Ewing	(Depo-tors name)
<i>Pan Ewing</i>	(Signature)
April 24, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/556,579	04/24/2000	Anders Eriksson	34645-00505LSP	7205

TITLE OF INVENTION: SYSTEM AND METHOD FOR DISTRIBUTED NOISE SUPPRESSION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	05/22/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS			
NGUYEN, TU X		2618	455-570000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

2. For printing on the patent front page, list

1. _____

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

2. _____

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Telefonaktiebolaget LM Ericsson (publ) Stockholm, Sweden

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
- Publication Fee (No small entity discount permitted)
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- A check is enclosed.
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- The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1379 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

APRIL 24, 2007

Typed or printed name

Steven W. Smith

Registration No.

36,684

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